



# REQUEST FOR RECIPROCITY

Alaska Department of Environmental Conservation  
Division of Water  
Operator Training & Certification Program  
410 Willoughby Avenue, Suite 303  
P.O. Box 111800  
Juneau, AK 99811-1800

	For DEC Use Only
Fee	
Date	
Apprv'l	

## General Information

Name: Mr./Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Current Certification Information

State Certification Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Certificate Number: \_\_\_\_\_ System Type: \_\_\_\_\_ Level: \_\_\_\_\_

2. Certificate Number: \_\_\_\_\_ System Type: \_\_\_\_\_ Level: \_\_\_\_\_

3. Certificate Number: \_\_\_\_\_ System Type: \_\_\_\_\_ Level: \_\_\_\_\_

4. Certificate Number: \_\_\_\_\_ System Type: \_\_\_\_\_ Level: \_\_\_\_\_

## Reciprocity Information

### Reciprocity Fees:

Application Review Fee: \$50

Certificate Fee: \$50 per certificate paid upon approval.

### Reciprocity Statute:

#### Sec. 46.30.100. Reciprocity.

Certificates may be issued without examination in the comparable classification to an applicant who holds a certificate in a state, territory, or possession of the United States, if its certification requirements and examinations are comparable to those of this state and if reciprocal privileges are granted to operators certified in this state.

## Education and Training Information

### Education

Do you have a high school diploma or G.E.D.? YES NO

Name of High School or G.E.D. granting organization: \_\_\_\_\_

**If this is your first time applying for certification, please include a copy of your high school diploma or G.E.D.**

If you do not have a high school diploma or G.E.D., what grade did you last complete? \_\_\_\_\_

### Postsecondary Education

List, in chronological order, the name of each technical school, college, or university you attended, the dates of attendance, and if you graduated, the month and year of graduation. Submit transcripts for all education entered here. Use a separate sheet of paper, if necessary.

Name and Address of Institution	Dates Attended	Did You Graduate? (List Date)	List Major, Degree, or Major Course Work

List any specialized training, correspondence, or continuing education courses that you have completed that are related to the operation of water and wastewater systems. Enclose copies of course completion certificates.

Name of School or Course Sponsor	Name of Course	Course Date	Hours of Instruction	Credit Received (e.g. CEUs, College Credit)

## Work Experience Information

List your operating experience in wastewater treatment, water treatment, water distribution, and wastewater collection. If necessary, use additional sheets of paper.

Describe your duties and types of systems operated in detail in the following experience blocks. For example, list system size, flows, treatment components, types of equipment, chemical or biological processes, number of lift stations, number of service connections, etc.

**WWT** = Wastewater Treatment **WT** = Water Treatment **WD** = Water Distribution **WWC** = Wastewater Collection

## Present Employment

<p><b>Job Title:</b> _____</p> <p><b>Hours per Day:</b> _____</p> <p><b>Days per Week:</b> _____</p> <p><b>Start Date:</b> _____</p> <p><b>End Date:</b> _____</p> <p><b>Total Time:</b> _____ Years / Months</p> <p><b>System Name:</b> _____</p> <p><b>System Owner:</b> _____</p> <p><b>Public Water System ID Number (PWSID) If applicable:</b> _____</p> <p><b>Supervisor:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Email:</b> _____</p>	<p><b>Job Duties and System Description</b></p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 25%;">System Type</th> <th style="width: 12.5%;">WWT</th> <th style="width: 12.5%;">WT</th> <th style="width: 12.5%;">WD</th> <th style="width: 12.5%;">WWC</th> </tr> </thead> <tbody> <tr> <td>Percentage spent in system type.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	System Type	WWT	WT	WD	WWC	Percentage spent in system type.				
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**Signature of Supervisor** (To be completed by the current supervisor.)

I hereby certify that the information in the "Present Employment" section of this application made by \_\_\_\_\_, to be true to the best of my knowledge.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**Signature of Applicant**

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Materials provided are public documents. Public documents are subject to release upon receiving requests for information.

**Questions?**

Contact the Operator Training and Certification Program at **(907) 465-1139** or email us at **[dec.water.fco.opcert@alaska.gov](mailto:dec.water.fco.opcert@alaska.gov)**.